Regional strategy for health sector response to HIV
2011–2015

The Regional Committee

Having reviewed the technical paper on a regional strategy for health sector response to HIV 2011–2015;

Recalling United Nations General Assembly resolution A/RES/60/262 Political Declaration on HIV/AIDS and commitment of governments to working towards universal access to HIV prevention, care and treatment;

Recognizing that the attainment of the health-related Millenium Development Goals is closely linked to the attainment of universal access to HIV prevention, care and treatment;

Concerned about the persisting challenges in attaining universal access to HIV prevention, treatment and care in the Region;

Recognizing further that the health sector is a major contributor to the achievement of the universal access goals as part of multisectoral HIV strategies;

Acknowledging the importance of investment in and political commitment to a health sector response that is based on primary health care principles and tailored to the specific epidemiological, sociocultural and economic context of countries;

Noting that the new strategy builds on progress achieved within the framework of the regional strategy for health sector response to HIV 2006–2010 endorsed in resolution EM/RC52/R.9;

Stressing the need to ensure access to HIV prevention, care and treatment services for populations that are particularly vulnerable and for populations at increased risk of HIV transmission, such as men who have sex with men, sex workers and injecting drug users;

1. ENDORSES the regional strategy for health sector response to HIV 2011–2015;

1 Document no. EM/RC57/5
2. **URGES** Member States to:

2.1 Review and revise national HIV prevention and control strategies to prioritize interventions in line with the regional strategy and according to the local epidemic context;

2.2 Include relevant HIV prevention, treatment and care interventions as an integral component of overall health sector plans and of programmes for reproductive and sexual health, child and adolescent health, mental health and tuberculosis control;

2.3 Identify obstacles to integration of HIV programme and service delivery in national health systems and invest in health system strengthening to address these obstacles;

2.4 Ensure that HIV is not transmitted through medical procedures, including blood transfusions and injections, carried out in the public and private health sector;

2.5 Focus, in countries with low-level and concentrated epidemics, on access to voluntary HIV testing and counselling and prevention and care services for key populations at increased risk of HIV, such as injecting drug users, men who have sex with men and sex workers;

2.6 Eliminate stigmatization of HIV among health workers to ensure people living with HIV are not denied medical care;

2.7 Make more efficient use of mass media to raise awareness of HIV in the society as a whole, and in particular among youth;

2.8 Foster cross-border collaboration to address HIV risk and vulnerability and ensure prevention, care and treatment within the context of mobility and migrant populations;

2.9 Build capacity of both government institutions and civil society organizations in order to make optimal use of their potential to contribute to the health sector response in a complementary manner;

2.10 Establish HIV surveillance systems with special attention to adolescents and adults engaging in high risk sexual and drug injecting behaviours;

2.11 Invest in programme monitoring and evaluation to enable responsive HIV programme management;

2.12 Develop costed operational plans for the health sector response to HIV and allocate adequate resources to the implementation of these plans;

3. **REQUESTS** the Regional Director to:

3.1 Monitor the implementation of the regional strategy and report periodically to the Regional Committee;

3.2 Continue to provide technical support to Member States for the adaptation and integration of HIV interventions in national health sector strategies and plans based on the regional strategy, for their implementation and monitoring, and for resource mobilization.